STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345227	A. BUILDING **01 - MAIN BUILDING 01** B. WING ____________	**04/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT REIDSVILLE	**543 MAPLE AVENUE** **REIDSVILLE, NC 27320**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II (111) construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count =110 Census = 94 The deficiencies determined during the survey are as follows:	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		5/29/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE: | (X6) DATE: 04/23/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 4/14/15 at approximately 10 AM onward, the following deficiencies were noted: The corridor doors were non-compliant, specific findings include: The following doors required more than one range of motion to open: sprinklers riser room, DON's office, rehab, electrical room next to the fire alarm panel. Reference 2000 NFPA 101: 7.2.1.5.4 A latch or other fastening device on a door shall be provided with a releasing device having an obvious method of operation and that is readily operated under all lighting conditions. The releasing mechanism for any latch shall be located not less than 34 in. (86 cm), and not more than 48 in. (122 cm), above the finished floor. Doors shall be operable with not more than one releasing operation. This deficiency affected two of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of Health and Safety code Section 1280 and 42 C.F.R. 405.1907 1.) How corrective action will be accomplished for those found to have been effected. The following door locks are scheduled to be changed to a lock that requires one motion on May 15th 2015. Sprinkler riser room, DON's office, rehab, and the electrical room. 2.)How corrective action will be accomplished for those having potential to be affected by the same practice. The maintenance director has checked all doors with locks to determine if any require more than one motion to open. For those doors that require more than one motion to open the locks will be replaced. 3.)What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.	

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K 018	Continued From page 2	K 018	The maintence director will no longer use locks that require more than one motion and he will visually check locked doors monthly to ensure that the proper locks are in place. 4.) How the facility plans to monitor its performance to make sure that solutions are substained. The maintence Director will present a report of his monthly visual checks of the locks to the Quality Assurance Committee for three months and they will determine if continued monitoring is necessary.	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 4/14/15 at approximately 10 AM onward, the following deficiencies were noted: The electrical panel was non-compliant, specific findings include: The emergency electrical panel was not labeled as to circuits served. Reference 2000 NFPA 70, National Electrical Code. 9.1.2 This deficiency affected five of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	Deficiency Corrected 1.) How corrective action will be accomplished for those found to have been effected. The emergency electrical panel was labeled as to cicuits served on April 16th 2015. 2.) How corrective action will be accomplished for those having potential to be affected by the same practice. The Maintence Director has conducted visual inspections of all other electrical panels and all were found to be labeled. 3.) What measures will be put into place	4/23/15

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K 147	Continued From page 3	K 147	or systemic charges made to ensure that the deficient practice will not occur. The Maintence Director will visually inspect the emergency electrical panel monthly to ensure continued compliance. 4.) How facilty plans to monitor its performance to make sure that solutions are sustained. The Maintence Director will present results of his monthly visual inspection to the Quality Assurance Committee for three months and the committee will determine if continued monitoring is necessary	